

Information Page — Fax Application for Copy of Death Certificate

General Instructions

- **Do not** use this application to submit your request *by mail*.
- Use this application if you are the spouse, parent or child of the deceased.
- If you are **not** the spouse, parent or child of the deceased, then you must submit with this application a copy of documentation establishing a lawful right or claim (see below).
- Use this application only if the death occurred in New York State *outside* of New York City. **Do not** use this application if the death occurred in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- **Use only your own credit card:** The applicant's address, i.e., the place where the certificate copy will be mailed, *must* match the address on file with the credit card company.
- Print a copy of this application, complete and sign.
- **Fax** application along with a copy of any required documentation to **1-877-854-4607**.
If you must verify receipt of the fax, please call VitalChek at 1-877-854-4481.

What is a lawful right or claim?

- If the applicant is not the spouse, parent or child of the decedent, a lawful right or claim must be documented. An example of a lawful right or claim would be a death record needed by the applicant to claim a benefit.
- Documentation would consist of a copy of a court order or an official letter verifying that a copy of the requested death record is required from the applicant in order to process a claim.

Identification Requirements -- Application *must* be submitted with copies of either A or B:

Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

A. One (1) of the following forms of valid photo-ID:

- Driver license
- Non-Driver Photo-ID Card
- Passport
- Other government issued photo-ID

B. Two (2) of the following showing the applicant's name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six months

Fees: If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **Priority Handling:** Faxed requests are given priority handling. The \$45.00 per copy fee includes a \$15.00 priority handling fee. The \$11.95 VitalChek processing fee and the optional \$13.00 FedEx return delivery fee are per transaction.
- **Example:** The fee is \$45.00 per copy + \$11.95 VitalChek processing fee + \$13.00 Federal Express return delivery (optional) – Total for one (1) copy is \$69.95; Total for two (2) copies is \$114.95; etc.

Note: The FedEx fee for USA mainland delivery is \$13.00. Call VitalChek at 1-877-854-4481 for rates to other destinations.

Processing Time

For the latest information on processing times, please visit our web page at www.nyhealth.gov/vital_records/processingtime.htm

Completing the Form

- If you are using Adobe Reader® 5.0 or newer (available as a free download from www.adobe.com) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form and sign.
- You can print out a blank copy of the form and then **type or print** the required information.
- You must give credit card information and it must be **your own card**.
- The form must be **signed** and faxed along with a copy of the documentation of a lawful right or claim, if required (see above).

Please complete, sign and fax with required ID (see instructions) to 1-877-854-4607

You may enter the required information directly into this PDF document (see instruction sheet for details) and print out a copy ready for signature, or print out a blank copy and **print or type** the required information before signing.

Name of Deceased:			Social Security No. of Deceased:		
<i>First</i>	<i>Middle</i>	<i>Last</i>			
Date of Death or Period to be Covered by Search: (mm/dd/yyyy)			Date of Birth of Deceased:		Age at Death:
<i>From To</i>			<i>mm / dd / yyyy</i>		
Maiden Name of Mother of Deceased:				Death Certificate No.: (If known)	
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>			
Name of Father of Deceased:				Local Registration No.: (If known)	
<i>First</i>	<i>Middle</i>	<i>Last</i>			
Place of Death:					
<i>Name of Hospital or Street Address</i>			<i>Village, town or city</i>		<i>County</i>
Purpose for which Record is Required:			What is your relationship to person whose record is required?		
In what capacity are you acting?			If attorney, give name and relationship of your client to person whose record is required:		

Submit documentation of a lawful right or claim if you are not the spouse, parent or child of the deceased.

Signature of Applicant:	Date Signed:			Credit Card & Payment Information:
	Month	Day	Year	
<div>►</div>				Type of card: _____ Exp. Date: _____
Address of Applicant:				Credit Card No.: _____
_____ (Applicant's Name)				Priority Handling: \$45.00 x _____ Copies = \$ _____
_____ (Street)				VitalChek Fee = \$ _____
_____ (City) (State) (Zip)				Federal Express = \$ _____ *(Optional)
Telephone No.: () _____				Total = \$ _____
*Add \$13.00 for Federal Express delivery within USA mainland. Call VitalChek at 1-877-854-4481 for rates to other destinations.				